

**G. INTENT TO SUBMIT PROPOSAL  
IMPROVING EDUCATOR QUALITY STATE GRANT PROGRAM YEAR 8**

Project Director: \_\_\_\_\_

Lead Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Project Title: \_\_\_\_\_

Participants to be Served: \_\_\_\_\_

Grade Level of Educators: \_\_\_\_\_

Academic Subject: \_\_\_\_\_

Program Objectives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Delivery Methods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Hours per Participant: \_\_\_\_\_

Requesting Consideration for Second Year Renewal?

**Please return this form by July 31, 2009 to:**

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Improving Educator Quality Program  
Kentucky Council on Postsecondary Education  
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Frankfort, KY 40601  
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John.DeAtley@ ky.gov*